NOV 0 2 2005

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Request For Continued Examination (RCE) Transmittal

Address to: MS RCE

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P.O. Box 1450

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Application Number	10/607,985
Filing Date	June 30, 2003
First Named Inventor	Seong Eun HEO et al.
Art Unit	3754
Examiner Name	P. Brinson
Attorney Docket No.	9988.036.00

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on
ii. Other
b. X Enclosed
i. X Amendment/Reply iii. Information Disclosure Statement (IDS)
ii. Affidavit(s)/Declaration(s) iv. Other
2. Miscellaneous
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
b. Other
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
a. X The Director is hereby authorized to charge any additional fees, or credit any overpayments, associated with filing this Request for Continued Examination to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.
i. RCE fee required under 37 CFR 1.17(e)
ii. Extension of time fee (37 CFR 1.136 and 1.17)
iii. Other
b. X Check in the amount of \$ 790.00 enclosed
c. Payment by credit card (Form PTO-2038 enclosed)
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
Name (Print/Type) Mark R. Kresloff / Registration No. (Attorney/Agent) 42,766
Signature
798.00

PTO/SB/17 (12-04)

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NOV 0 2 2005 on Age of 1995, now Under the Paperwork Reduction

Effective on 12/08/2004 Complete if Known Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/607,985 EE TRANSMITTAL June 30, 2003 Filing Date First Named Inventor Seong Eun HEO et al. **FOR FY 2005** Examiner Name P. Brinson ☐ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3754 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 9988.036.00 (\$) 790.00

	<u> </u>							-		
METHOD OF PAYMENT (check all that apply)										
☑ Check ☐ Credi	t Card	Money Order	☐ None	☐ Other (please	identify):					
☐ Deposit Account ☑ Deposit Account Number 50-0911 ☐ Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee										
★ Charge any additional fee(s) or underpayments of fee(s) ★ Credit any overpayments										
under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION	****									
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEE	s							
,	FILING FEES		SEARCH FEES		EXAMINATION FEES			•		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Fees Paid (\$)		
Utility	300	150	500	250	200	100	•			
Design	200	100	100	50	130	65	•			
Plant	200	100	300	150	160	80	•			
Reissue	300	150	500	250	600	300	•			
Provisional	200	100	0	0	0	0	•			
2. EXCESS CLAIM FEES	200	.00		Ü	ŭ	•		Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 or, for F	Reissues, eacl	n claim over 20	and more tha	n in the original pa	atent	nt.	50 200	25 100		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims							360	180		
Total Claims E	xtra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depende		nt Claims	<u> </u>		
			<u>Fee (\$)</u>		Fee Paid	<u>1 (\$)</u>				
HP = highest number of total cl Indep. Claims E	aims paid for, if xtra Claims	greater than 20 Fee (\$)	Fee P	aid (\$)						
		ζ	_ =	αι α (Ψ)						
HP = highest number of indepe			an 3							
3. APPLICATION SIZE FE										
If the specification and drav 50 sheets or fraction t					ıe is \$250 (\$12	25 for small e	ntity) for e	ach additional		
	tra Sheets			0 or fraction thereo	f Fee(\$))	Fee Paid	(\$)		
	/ 50 :		_ (round up to	a whole number)	×	=				
OTHER FEE(S) Other: Request for Continued Examination (RCE) Filing Fee							Fee Paid \$790.00	<u>1 (\$)</u>		
Other:										
		/								
SUBMITTED BY	0 1) 1 M				1 - 1 - 1				

SUBMITTED BY	101	2011			
Signature	Mark	Sustell	Registration No. (Attorney/Agent)	Telephone (202) 496-7513	
Name (Print/Type)	Mark R. Kresloff	1 700	42,766	Date November 2, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.